

ROCKLIN POLICE DEPARTMENT
APPLICATION for BINGO GAME LICENSE

NAME: _____
(Applicant)
RESIDENCE ADDRESS: _____ PHONE: _____
(Street) (Home)

(City) (State) (Zip) PHONE: _____
(Business)
DRIVER'S LICENSE NO.: _____ DATE OF BIRTH: _____

Have you ever been convicted of a felony? _____ of a misdemeanor? _____

If the answer to either question above is YES; then note the circumstances of the arrest, the police agency, and the court involved. Use additional paper, if necessary. _____

NAME OF THE ORGANIZATION: _____

DOES THIS ORGANIZATION QUALIFY AS "AUTHORIZED ORGANIZATION" AS DEFINED UNDER CHAPTER 5.04 of the ROCKLIN MUNICIPAL CODE? _____

EXPLAIN: _____

LOCATION OF THE BINGO GAMES: _____

ARE THE PREMISES BEING USED FOR BINGO LEASED OR OWNED BY APPLICANT? _____

LIST DAY OF THE WEEK GAMES WILL BE HELD: _____ HOURS: _____

LIST THE OFFICERS OR DIRECTORS OF THE ORGANIZATION:

NAME: _____ TITLE: _____

ADDRESS: _____ DRIVER'S LICENSE NO.: _____

NAME: _____ TITLE: _____

ADDRESS: _____ DRIVER'S LICENSE NO.: _____

NAME: _____ TITLE: _____

ADDRESS: _____ DRIVER'S LICENSE NO.: _____

SIGNATURE OF TWO OFFICERS, INCLUDING THE PRESIDING OFFICER, OF THE ORGANIZATION:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

FOR OFFICE USE

PERMIT APPROVED BY: _____
(Signature)